## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kidney Care Partners Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Thiry, Kent, j, , Date of Receipt Mailing Address 2 Cantitoe Lane 2019 13 City Zip Code State Transaction ID: SA11AI.5191 CO Cherry Hills Village 80113 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CEO DaVita political contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Valle, Bill, , , Date of Receipt Mailing Address 20140 Riverbrooke Run 2019 City State Zip Code Transaction ID: SA11AI.5156 FL Estero 33928 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **FMC** Chief Executive Officer political contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Watnick, Suzanne, , , Date of Receipt Mailing Address 10701 SW 11th Drive 2019 City State Zip Code Transaction ID: SA11AI.5162 OR Portland 97219 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) political contribution Northwest Kidney Centers **Chief Medical Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 6300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....